



**Form
CG-AFF**

State Form
(6-03)

**State of Indiana
Charity Gaming Operator/Worker Affidavit**

This form is for the organization's records. Do not send this form to the Department of Revenue.
The completed form must be returned to the organization.

Full Name: _____ Social Security Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Date of Birth (mm/dd/yyyy): _____ / _____ / _____ Current State of Residence: _____

Organization Name: _____

Organization Address: _____

I will be involved as (check all that apply):

☐ Operator

☐ Worker

You must answer **"Yes"** to the following questions in order to be considered for an Operator/Worker position with this organization:

• I am in good standing with the Indiana Department of Revenue, which means I have made all the required tax filings and any other required filings with the Department, and I have no liabilities (outstanding balances due) with the Department. **YES ☐ NO ☐**

• I have not been convicted of a felony within the last ten (10) years. **YES ☐ NO ☐**

Under penalties of perjury, I declare that the information I have furnished above is, to the best of my knowledge true, correct and complete.

Signature

Printed Name

Date



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